



CASA

Court Appointed Special Advocates
FOR CHILDREN

MAINE

- ❖ 171 State House Station, Augusta, ME 04333
- ❖ Ph: 207-287-5403
- ❖ Fx: 207-287-7553
- ❖ Email: casamaine@maine.gov

MAINE CASA VOLUNTEER APPLICATION

(Please Print or Type)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell: _____ Fax: _____

SSN: _____ - _____ E-mail: _____

Do you speak another/secondary language? ☐ English ☐ Spanish ☐ Signing ☐ French ☐ Other: _____

Referred by: ☐ Flier ☐ Friend ☐ Internet ☐ Newspaper ☐ Radio ☐ National Media ☐ NCASAA ☐ Other
☐ Unknown ☐ Volunteer referral agency

Employment Status: ☐ Full Time ☐ Part Time ☐ Student ☐ Not Employed ☐ Retired

Current Place of Employment: _____ Position Held: _____

Supervisor: _____

Work Telephone: (_____) _____ - _____ Ext. _____ May we call you at work: ☐ Yes ☐ NO

Educational Background

	School	Degree	Graduated
High School			
Trade School			
College			
Post-College			
Other			

***Please include a copy of your driver's license and
current vehicle insurance card along with application.***

Do you drive? ☐ Yes ☐ No

Do you have regular access to a vehicle? ☐ Yes ☐ No

Driver's license number: _____ State: _____

Car Insurance Company: _____ Policy Number: _____

Have you had any moving traffic violation(s) in the last 10 years? ☐ Yes ☐ No

If yes, please list: _____

Have you been convicted of any crimes in the last five years: ☐ Yes ☐ No

If yes, please list: _____

Employment History

Please list your last 3 employers, and/or volunteer activities.

Place of Activity: _____ Telephone Number: (____) ____ - ____

Position: _____

Supervisor: _____

E-Mail Address: _____ From: ____/____ To: ____/____

Reason for leaving: _____

Place of Activity: _____ Telephone Number: (____) ____ - ____

Position: _____

Supervisor: _____

E-Mail Address: _____ From: ____/____ To: ____/____

Reason for leaving: _____

Place of Activity: _____ Telephone Number: (____) ____ - ____

Position: _____

Supervisor: _____

E-Mail Address: _____ From: ____/____ To: ____/____

Reason for leaving: _____

Personal Experience

Can you perform the functions of a CASA volunteer with or without a reasonable accommodation?

Please explain any personal experience you have had with the following:

The Court System: _____

The Child Welfare System: _____

The Foster Care System: _____

As a CASA, you will be working with children who may have experienced emotional, physical or sexual abuse, and/or serious neglect. Many will be living in foster care. Do you have any personal experiences that might affect your ability to work on cases involving these issues? _____

What qualities do you think are necessary to be an effective CASA volunteer? _____

Child Preferences that you would prefer to work with. (Optional) We may not always be able to match you up with the exact type of child you want, but will make every effort to do so.

Gender: ☐ Male ☐ Female ☐ Either

Number of Children: ☐ Single child ☐ Sibling Group ☐ Either

Age range: ☐ Any ☐ Birth to 5 ☐ 6 to 11 ☐ 12 to 18

Are you a foster parent? ☐ Yes ☐ No

Are you planning to become a foster parent? ☐ Yes ☐ No

Do you offer respite care in your home? ☐ Yes ☐ No

Do you provide kinship care in your home? ☐ Yes ☐ No

Please provide a brief biography to help us understand your interest in CASA. _____

[illegible]

APPLICANT DECLARATION

I understand that by submitting this application I authorize CASA personnel to make inquiries of the State Bureau of Identification, Criminal Records Check and the Maine Department of Human Services concerning my suitability as a volunteer. I further understand that by submitting this application I authorize inquiries to be made concerning my employment and character. The information requested in this application and any additional information that may otherwise be obtained will be used only for the purpose of determining suitability as a volunteer. **All information will be held in confidence.**

I understand that all CASA volunteers are subject to the training and other requirements of the Maine CASA program and may only serve as CASA guardians ad litem with the approval of the CASA Director.

I hereby certify that all statements made on this application are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____, 20 ____.

References

References must have at least one telephone number. Please list 3 references, not related to you, preferably from employment or volunteer activities, who are able to discuss your ability to be an effective CASA. **Three written references are also needed. You may use the people listed below as your written personal references also. (See last two pages of application).**

Name: _____

How known: _____ Home Phone: (_____) _____ - _____

Business Phone: (_____) _____ - _____

E-Mail Address: _____

Name: _____

How known: _____ Home Phone: (_____) _____ - _____

Business Phone: (_____) _____ - _____

E-Mail Address: _____

Name: _____

How known: _____ Home Phone: (_____) _____ - _____

Business Phone: (_____) _____ - _____

E-Mail Address: _____



BACKGROUND INVESTIGATION INFORMATION

Instructions: You may complete this form electronically or by handwriting the information. If you complete it electronically, you must then print and sign the form. **An original signature is required.** To complete this form electronically, do a "Save As," complete, and then save again.

Acknowledgement: By completing and signing this document, I understand that to work in the Judicial Branch, a background investigation must be conducted by the Maine Judicial Branch Office of State Judicial Marshals. This background investigation will include, but is not limited to, an inquiry and documentation of any criminal or motor vehicle arrest and conviction records. I understand that my status as an applicant with the Judicial Branch is contingent on the results of this investigation. I hereby consent to a background investigation and give permission to the Office of State Judicial Marshals to examine any criminal and motor vehicle arrest and conviction records, or other regulatory agency records that pertain to me.

Have you ever been convicted of any criminal offense, not including non-criminal traffic offenses?

☐ No

☐ Yes

If yes, please explain:

Name: (please print)	(First)	(Middle)		(Last)
Maiden or previous names used: (list all)				
Date of birth:	Social Security Number:			
Current driver's license number:	State:			
Prior state driver's license number:	State:			
Current Address:	(Street)	(City)	(State)	(Zip)
From:	To: Present			
If exact date is unknown, give an approximate date.				
I have lived at this address for the past 10 years or more. <input type="radio"/> Yes <input type="radio"/> No				If no, see page 2.

I declare that the information provided herein is true, accurate, and complete to the best of my knowledge.

/

Signature of Applicant

Date

For internal Judicial Branch use only:

Printed name of HR Rep/Program Mgr requesting background check:

/

/

Signature

Office/location

Date

Investigation for: **HR Department:**
Program Manager:

☐ employee
☐ LEP
☐ FDP

☐ contractor
☐ CASA/GALS

☐ service worker
☐ CADRES

☐ Bail Commissioner

Name :

Use this page only if necessary.

If you have not lived at your current address for the past full 10 years, please list all other addresses below.

Former Addresses			
Please list your former addresses and dates at those addresses for the past full 10 years , including temporary addresses, such as college dormitories, etc. If you do not know the exact dates, give an approximate date. Be sure to include the full address – street, city, state, and zip code.			
This section must be complete or your application cannot be processed.			
Former Address 1:			
From:		To:	
Former Address 2:			
From:		To:	
Former Address 3:			
From:		To:	
Former Address 4:			
From:		To:	
Former Address 5:			
From:		To:	
Former Address 6:			
From:		To:	
Former Address 7:			
From:		To:	
Former Address 8:			
From:		To:	
For additional addresses, please use a separate sheet of paper.			



Child and Family Services

An Office of the
Department of Health and Human Services

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Department of Health and Human Services
2 Anthony Avenue
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 624-7900
Fax: (207) 287-5282; TTY: 1-800-606-0215

INITIAL RELEASE AUTHORIZATION FOR MAINE CHILD PROTECTIVE SERVICES CASE RECORDS RESEARCH

AGENCY ID#: 306 AGENCY NAME: ADMINISTRATIVE OFFICE OF THE COURTS – FAMILY DIVISION

I, _____, authorize release of confidential information by the Maine Department of
(Please print clearly)
Health and Human Services, Office of Child and Family Services, regarding whether I have been involved in a substantiated
Maine Child Protective Services case.

~~Enclosed is the \$15.00 fee authorized under P.L. 2003, C. 673, Part W, payable to the Treasurer, State of Maine. (WAIVED)~~

I understand that:

- a. If this search shows that I have been involved in a substantiated child protective case, another release by me is required before the nature of my involvement will be disclosed to the agency/service provider identified below.
- b. This information will be used as part of the agency/service provider's assessment of my suitability to provide services for children, adults, and families for this agency.
- c. This information is subject to continuing confidentiality as provided by Maine statutes Title 22 §4008.

This consent will expire upon the release of the information as authorized.

This consent may be revoked by me in writing at any time, except for information that has already been released.

Agency/Provider to receive this information:

LISA WAITT / KRISTEN SKORPEN
AOC - FAMILY DIVISION
171 STATE HOUSE STATION
AUGUSTA, ME 04333

My date of birth: _____
(Confidentiality laws prohibit providing information on individuals under 18.)

Other names known by, including _____

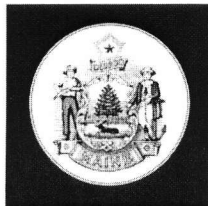
Signature (subject of records research) Date _____

Address _____

This form should be completed by the individual who is the subject of the child protective records research request. This form should accompany the 083 Findings Form. Please submit by fax (207) 287-5065 or mail to DHHS, Child Protective Intake, Records Research, SHS 11, 2 Anthony Avenue, Augusta, ME 04333.

OCFSCP-082
Initial Release Form
Updated 03/08

Caring..Responsive..Well-Managed..We are DHHS.



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Agency ID# 306

LISA WAITT / KRISTEN SKORPEN
AOC – FAMILY DIVISION
171 STATE HOUSE STATION
AUGUSTA, ME 04333

1. Name of Subject of child protective records research: _____
2. Date of Birth: _____
3. Others names known by: _____
4. Today's Date: _____

Only the above four lines of this form should be completed by the individual who is the subject of this child protective records research request. This form should accompany the completed Initial Release 082 Form.

You provided us with a release of information signed by the person named above. You requested a child abuse/neglect screening regarding this person.

This search has several limitations. Only allegations of child abuse or neglect that were substantiated are included. Reports or requests for services referred out to other resources are not included. Allegations that were unsubstantiated or indicated are not included. Persons involved in a case with different last names may be missed by the search process. Therefore, a negative response to a search should not be construed as a guarantee that this person has never been involved with Maine Child Protective Services.

Research of our child protective case records file found that:

- ☐ This person was not involved in a substantiated child protection case.
- ☐ Research of our child protective case records found that this person was involved in a substantiated child protection case. Before we can provide information about the nature of this person's involvement, we will need a subsequent release. This must be on the Department's (OCFSCP-084) Secondary Release Form to authorize release of confidential child protective services case records information.
- ☐ The above named person is under 18 years of age. Confidentiality laws prohibit providing information on children under 18.

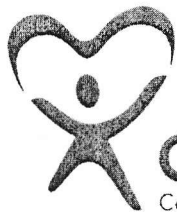
This information is being provided to you solely for the purpose identified in the signed release and is subject to continuing confidentiality as provided by Maine statutes Title 22 section §4008. Any unlawful dissemination is a class E Crime, punishable by a fine of not more than \$500.00 or by imprisonment for not more than 30 days.

If you have any questions about this information please call 1-800-452-1999 x2.

Sincerely,

Child Protective Intake Unit

OCFSCP-083
Findings Form
Update 03/08



CASA

Court Appointed Special Advocates
FOR CHILDREN

MAINE

**CONFIDENTIAL MAIL-IN
VOLUNTEER REFERENCE CHECK**

_____ has applied for a volunteer position with the Court Appointed Special Advocates (CASA) of Maine and has given your name as a reference. Please take a few moments to provide us with the following information and fax or mail this back to us **within 7 days**. Thank you.

Please answer the following questions to the best of your ability and return this form within 7 days. All information will be kept strictly confidential.

Volunteer's Name _____

My Name _____

Relationship to volunteer candidate: (Circle One) Employer Co-worker Friend

Other (indicate) _____

In what capacity, if any, have you observed the applicant interacting with children? _____

How well does the applicant relate to children? _____

The following is a list of qualities. Please rate the candidate as excellent, good, poor or don't know.

	Excellent	Good	Poor	Don't Know
Commitment				
Flexibility				
Responsibility				
Dependability				
Exercises good judgment				
Lack of bias				
Reliability				
Self-esteem				
Sensitivity to others				
Emotional stability				
Understanding of children				
Working with other adults				
Ability to organize				
Sense of humor				

Please share your impression and knowledge of the applicant's qualifications for the position by using specific examples where possible.

1. How would you rate the applicant's ability to advocate for abused and neglected children?

☐ Excellent

Comments:

☐ Good

☐ Fair

☐ Poor

How well does the applicant work with people who are developmentally disabled, non-traditional, and/or from different cultural, religious or economic backgrounds?

☐ Excellent skills

Comments:

☐ Adequate skills

☐ Poor skills

4. Would you recommend this person?

☐ Yes

Comments:

☐ No

Name

Date

Thank you! We appreciate your assistance in helping CASA select the best-qualified people to serve in volunteer roles.

Please return to:

CASA

171 State House Station
Augusta, ME 04333

OR

fax to (207) 287-7553



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